## APPLICATION FOR BINGO LICENSE

Date: 12/8/03
Name of Organization: Tuskegee Human and Civil Rights Unlicentrical Con
Address: P.O. Box 830768 104 South Elm Street Tuekega, AL3
Is this organization tax exempt under Internal Revenue Service regulations?
If so, please attach a copy of the IRS letter ruling or tax exempt determination letter and provide your tax identification number.
If not, please answer the following:
State the date your organization was formed or incorporated. 1997 Has your local organization been in continuous existence since then 1996 If not, give earliest date from which continued existence can be calculated Attach copy of your charter or articles of incorporation of your organization.
Address at which applicant will conduct bingo:
Street Address: 8680 County RD 40
City: SHORTER, AL
Days of week on which bingo will be conducted: Mon - Sun
Times of games: Beginning 12 AM Ending 12 PM
Class of License: State whether you are applying for a Class A (paper card bingo) or Class B bingo license. A or B (circle one).
Does the above named organization own or rent the equipment intended to be used in the conduct of bingo games? Own Rent
Does the above-named organization own or rent the building or facility intended to be used in the conduct of bingo games? Own Rent



## PERSONAL DATA SHEET

Applicant Name DEBORAH GRAY
(List Maiden Name, if applicable)  Date of Birth <u> </u>
Social Security Number
Driver's License Number and State of Issuance AL
Address and Phone Number 1625 E. Trinity Blvd. Montgomery, At 3610 (334)
Children
<del></del>
Mother (Include Maiden Name) <u>dl. Clased</u>
Father Fred Gray
Father Fred GRAY Brother(s) Fred GRAY TR Stanley GRAY
Sister(s) (including maiden name) <u>Vanussa GRAy TAYLOR</u>
THIS FORM IS TO BE COMPLETED BY EACH PERSON MAKING APPLICATION FOR LICENSE

ALL PERSONAL DATA SHEETS ARE TO BE RETAINED IN THE SHERIFF'S DEPARTMENT INVESTIGATIVE FILES.